

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250
 SACRAMENTO, CA 95815-3832
 TELEPHONE: (916) 263-3680
 FACSIMILE: (916) 263-3675
 WEB ADDRESS: <http://www.dca.ca.gov/cba>

**CPA/PA AND LICENSE APPLICANT NAME CHANGE FORM**
☐ CPA/PA

☐ License Applicant

Please type or print legibly the following information and sign below.

New Name _____

Former Name _____

CPA/PA License No. _____ Daytime Telephone No. _____

License Applicant's Unique Identifier No. _____

My name change is a result of:

☐ Court Order

☐ Marriage

☐ Dissolution of Marriage

☐ Naturalization

☐ Other (specify) _____

You MUST submit one of the following documents with this request:

- A certified copy of the supporting documentation; or
- A notarized photocopy of the supporting documentation; or
- A notarized copy of your updated driver's license.

I hereby certify, under penalty of perjury, under the laws of the state of California that all statements, answers, and representations on this form are true, complete and accurate.

 Licensee/License Applicant Signature

 Date

A new Pocket ID will be mailed at no charge to your address of record with the California Board of Accountancy in six to eight weeks. If you wish to purchase a new wall certificate, please complete the "Certificate Replacement Request Form."

For Office Use Only

Date Name Change Processed: _____ Processed By: _____

Date Pocket ID Ordered: _____

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CPA/PA AND LICENSE APPLICANT NAME CHANGE FORM INSTRUCTIONS

1. The Name Change Form may be used by:
 - CPA/PA licensees.
 - License applicants.
2. Use this form if you need change your name as a result of the following:
 - Court Order.
 - Dissolution of Marriage.
 - Marriage.
 - Naturalization.
 - Other (explain).

You MUST submit one of the following documents with this request:

- A certified copy of the supporting documentation; or
- A notarized photocopy of the supporting documentation; or
- A notarized copy of your updated driver's license.

3. CPA/PA licensees: A new Pocket ID will be mailed at no charge to your address of record with the California Board of Accountancy in six to eight weeks. If you wish to request a new name on your Wall Certificate, you must include a "Wall Certificate/Pocket ID Replacement Request Form," included in this packet.
4. The signature of the licensee/license applicant is required on the "CPA/PA and License Applicant Name Change Form."
5. Mail this form to:
California Board of Accountancy
2000 Evergreen Street, Suite 250
Sacramento, CA 95815

Notice: The information provided in this form will be used by the California Board of Accountancy, to determine qualifications for a Certified Public Accountant/Public Accountant License Renewal. Sections 5009, 5026 through 5029, 5060, 5070 through 5079, and 5150 through 5158 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this form, and may be contacted at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 263-3680 regarding questions about this notice or access to records.